

Appendix 9.3 – Allocation Request
Traffic Congestion Relief Program

Section I. Project Information

- A. Project Name: _____

- B. Specify the paragraph number, authorized dollar amount, and project description pursuant to Government Code section 14556.40 (a) (AB 2928, Chapter 91 of the Statutes of 2000) authorizing this project:

Paragraph Number: _____ Amount: \$ _____ million

- C. Has the Project changed as defined in Section 7.2 or Section 7.3 of the TCRP Guidelines?

Yes as defined in Section 7.2; complete this Allocation request form and prepare a narrative describing the nature (what and why) of the change for submittal the CTC for approval.

____ Yes as defined in Section 7.3; complete this Allocation request form and indicate;

____ A narrative describing the nature (what and why) of the change is attached

____ An Amended Application for submittal to the CTC for approval is attached

____ No; complete the Allocation request form.

Section II. Approved Application Information

- A. What was the date of approval for the TCRP Application that covers this allocation request? _____
- B. Is this Allocation request for a capital phase(s) (Phase 3 or 4 as defined in the Guidelines and Application)?

Yes, answer the following:

Does the Approved Application cover any capital phase(s)?

Yes, therefore, any required environmental documents were submitted and approved along with the Application. Complete the Allocation Request

No, attach required environmental documents and complete the Allocation request. This request will require CTC approval.

No, complete Allocation request

Section III. Project Phases and TCRP Funds covered by this Request

Planned: (from Application)	Phase 1	Phase 2	Phase 3	Phase 4	Total
TCRP Funds					
Estimated Allocation Date (month/year)					
History: (list all previously approved allocations)					
TCRP Funds					
Allocation Date (month/year)					
Requested: Differences, if any, should be explained					

- A. The Implementing Agency requests an advance payment of \$.

Please explain and justify:

- B. The Implementing Agency requests the following rate of reimbursement be considered in association with the requested allocation:

Proportionally spread across all funding sources.

Other, please explain and justify: _____

Section IV. Signatures of Requesting Agencies

Officer or Director of Implementing Agency

Date

Officer or Director of Applicant Agency

Date

(Required if different from Implementing Agency)

